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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/018,046

Filing Date May 7, 2002

First Named Inventor Grammas

Group Art Unit 3738

Examiner Name A. Stewart

Attorney Docket Number GRA-101US

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	John E. Munger, Reg. No. 37,685 Jansson, Shupe & Munger, Ltd. 245 Main Street, Racine, WI 53403
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Signature

Date March 21, 2005

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

Typed or printed name	John E. Munger	Date	March 21, 2005
Signature			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## **AMENDMENT TRANSMITTAL LETTER (Large Entity)**

**Applicant(s): Gramnas**

**Docket No.**

**GRA-101US**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/018,046	05/07/2002	Alvin Stewart	24314	3738	6154

**Invention:** A Device in a Leg Prosthesis Provided with a Foot

MAR 23 2005

**COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	23 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable)		<input type="checkbox"/> * 1	multiple dependent claim has already been paid for		\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- No additional fee is required for amendment.
  - Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.
  - A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
  - The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 10-0270
    - Any additional filing fees required under 37 C.F.R. 1.16.
    - Any patent application processing fees under 37 CFR 1.17.
  - Payment by credit card, Form PTO-2038.

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**John E. Munger, Reg. No. 37,685  
Jansson, Shupe & Munger, Ltd.  
245 Main Street  
Racine, WI 53403  
262/632-6900**

Dated: March 21, 2005

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March 21, 2005

(Date)

John E. May  
Signature of Person Mailing Correspondence

John E. Munger

*Typed or Printed Name of Person Mailing Correspondence*

CC:



3738  
JRW

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Finn Gramnäs

Attorney Docket No. GRA-101US

Serial No. 10/018,046

Group Art Unit: 3738

Filed: May 7, 2002

Examiner: Alvin J. Stewart

Amended Title: Prosthetic Leg and Foot Apparatus

\* \* \* \* \*

March 21, 2005

MAIL STOP AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

This Amendment is responsive to the non- final Office Action mailed December 21, 2004.

After this amendment, claims 3-7, 9-17 and 26 are in the application. Claims 1 and 2 were previously cancelled without prejudice. Claim 8 is cancelled without prejudice in this Amendment. Claims 18-25 were withdrawn from consideration in the August 18 Office Action. Applicant has reserved the right to file a divisional application. Claim 26 is new.

Kindly amend the application as reflected below:

**An Amendment to the Specification** begins at page 2 of this Amendment.

**Amendments to the Claims** begin at page 3 of this Amendment.

**Remarks/Arguments** begin at page 12 of this Amendment.